

Case Number:	CM14-0201292		
Date Assigned:	12/11/2014	Date of Injury:	04/07/2014
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who had a slip and fall injury on April 7, 2014. She is said to have injured her left wrist, left shoulder, neck, and mid back. The low back pain radiates to the buttocks and left lower extremity with associated numbness and tingling. She has received physical therapy and has been treated with numerous medications including tramadol, naproxen, and Flexeril. The physical exam reveals diminished lumbar range of motion and a positive straight leg raise test on the left side. The diagnoses include cervical and lumbar sprain/strain, myofascial pain syndrome, and possible cervical radiculopathy versus peripheral neuropathy, lumbar disc displacement, and left wrist sprain/strain. At issue is a request for an MRI scan of the lumbar spine. This request was previously noncertified on the basis that radiographs were not performed recently and that there was not an obvious failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Lumbosacral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines allow for MRI imaging of the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this instance, injured worker has had greater than one month of conservative therapy including physical therapy and medication. The guidelines referenced here do not require plain radiographs prior to the MRI imaging. Consequently, an MRI of the lumbosacral spine is medically necessary.